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ROUTING AND	TRANSMITTAL SLIP	29 Nov 85
TO: (Name, office symbouliding, Agency/Po 1. D/LOGISTICS	ol room number, set)	Initials Dete
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Action .	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	
REMARKS		

#1 - FOR APPROPRIATE ACTION

The attached two pieces of correspondence are from (DCI's secretary at EOB).

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post) Room No .-- Bidg. EXO/DDA, 7D18 Hqs Bldg. Phone No. 5041-102 OPTIONAL FORM 41 (Rev. 7-76)

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